

PROJECT COSTS CHART

SUPPLEMENTAL- # 2

March 28, 2013

9:00 am

A. Construction and equipment acquired by purchase:		
1. Architectural and Engineering Fees		\$25,000
2. Legal, Administrative (Excluding CON Filing Fee), Consultant Fees		30,000
3. Acquisition of Site		
4. Preparation of Site		160,000
5. Construction Costs		
6. Contingency Fund		
7. Fixed Equipment (Not included in Construction Contract)		
8. Moveable Equipment (List all equipment over \$50,000)		23,500
9. Other (Specify) <u>Office furniture, computers, etc.</u>		20,000
B. Acquisition by gift, donation, or lease:		
1. Facility (inclusive of building and land)		\$320,000
2. Building only		
3. Land only		
4. Equipment (Specify) _____		
5. Other (Specify) <u>Patient software</u>		8,500
C. Financing Costs and Fees:		
1. Interim Financing		
2. Underwriting Costs		
3. Reserve for One Year's Debt Service		
4. Other (Specify) <u>Operating loss carry</u>		\$80,000
D. Estimated Project Cost (A+B+C)		\$667,000
E. CON Filing Fee		\$3,000
F. Total Estimated Project Cost (D+E)		
TOTAL		\$670,000

29A

PROJECTED DATA CHART

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Give information for the two (2) years following the completion of this proposal. The fiscal year begins in January (Month).

	Year 2014_	Year 2015_
A. Utilization Data (Specify unit of measure)	530 avg. pts._	1,056 avg. pts.
B. Revenue from Services to Patients		
1. Inpatient Services	_____	_____
2. Outpatient Services	\$1,782,14_	\$3,903,715
3. Emergency Services	_____	_____
4. Other Operating Revenue (Specify)_____	_____	_____
Gross Operating Revenue	\$1,782,144	\$3,903,715
C. Deductions from Gross Operating Revenue		
1. Contractual Adjustments	\$_____	\$_____
2. Provision for Charity Care	__35,643	__78,074_
3. Provisions for Bad Debt	__17,821_	__39,037_
Total Deductions	\$_53,464_	\$_117,111_
NET OPERATING REVENUE	\$1,728,680	\$3,786,604_
D. Operating Expenses		
1. Salaries and Wages	\$780,000	\$1,573,135
2. Physician's Salaries and Wages	__144,000_	__144,000_
3. Supplies	__579,750_	__767,972_
4. Taxes	__5,092_	__435,719_
5. Depreciation	__25,000_	__25,000_
6. Rent	__67,200_	__67,200_
7. Interest, other than Capital	_____	_____

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8. Management Fees:		
a. Fees to Affiliates	_____	_____
b. Fees to Non-Affiliates	_____	_____
9. Other Expenses – Specify on Page 32	<u>120,000</u>	<u>120,000</u>
Total Operating Expenses	\$1,721,042	\$3,133,026
E. Other Revenue (Expenses) -- Net (Specify) _____	\$ _____	\$ _____
NET OPERATING INCOME (LOSS)	\$7,638	\$653,578
F. Capital Expenditures		
1. Retirement of Principal	\$ _____	\$80,000
2. Interest	_____	<u>8,000</u>
Total Capital Expenditures	\$ _____	\$88,000
NET OPERATING INCOME (LOSS)		
LESS CAPITAL EXPENDITURES	<u>\$7,638</u>	<u>\$565,578</u>

HISTORICAL DATA CHART-OTHER EXPENSES

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OTHER EXPENSES CATEGORIES

	Year_NA_	Year_NA_	Year_NA_
1.	\$_____	\$_____	\$_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
Total Other Expenses	\$_____	\$_____	\$_____

PROJECTED DATA CHART-OTHER EXPENSES

OTHER EXPENSES CATEGORIES

	Year_2014_	Year_2015
1. Utilities	\$24,000_	\$24,000_
2. Insurance	_54,000_	_54,000
3. Travel and other	_42,000_	_42,000_
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
Total Other Expenses	\$120,000_	\$120,000_

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2. Identify the funding sources for this project.

Please check the applicable item(s) below and briefly summarize how the project will be financed. *(Documentation for the type of funding MUST be inserted at the end of the application, in the correct alpha/numeric order and identified as Attachment C, Economic Feasibility-2.)*

- ☐ A. Commercial loan—Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;
- ☐ B. Tax-exempt bonds—Copy of preliminary resolution or a letter from the issuing authority stating favorable initial contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;
- ☐ C. General obligation bonds—Copy of resolution from issuing authority or minutes from the appropriate meeting.
- ☐ D. Grants—Notification of intent form for grant application or notice of grant award; or
- ☒ E. Cash Reserves—Appropriate documentation from Chief Financial Officer.
- ☐ F. Other—Identify and document funding from all other sources.

Cash Reserves of the Applicant. See Attachment C, Economic Feasibility-2.

3. Discuss and document the reasonableness of the proposed project costs. If applicable, compare the cost per square foot of construction to similar projects recently approved by the Health Services and Development Agency.

These costs were developed with the Applicant's experience of having opened 9 NRMTFs in 4 states. In every case, the projects involve standard work elements:

- Adding and modifying offices, including wall construction and moving, adding electrical, phones, cable and security, reconfiguring heating and air conditioning systems, etc.
- Adding workrooms unique to NRMTFs such as dosing windows, pharmacy, and payment/check-in areas
- Outfitting the offices with desks, computers, phones, etc.
- Installing patient and accounting software systems unique to NRMTFs

4. Complete Historical and Projected Data Charts on the following two pages--Do not modify the Charts provided or submit Chart substitutions! Historical Data Chart represents revenue and expense information for the last three (3) years for which complete data is available for the institution. Projected Data Chart requests information for the two (2) years following the completion of this proposal. Projected Data Chart should reflect revenue

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and expense projections for the Proposal Only (i.e., if the application is for additional beds, include anticipated revenue from the proposed beds only, not from all beds in the facility).

See page that follows

Notes to Project Data Chart:

- CARF accreditation and material costs are included in Other Expenses
- Of the 530 patients during the first year, Applicant's assumptions for initial treatment are:
 - Methadone: 73%, or 387
 - Buprenorphine-based treatment: 25%, or 133
 - Abstinence-based treatment: 2%, or 10
- Applicant was asked to provide Historical Data Chart for the last three years for a center in Asheville, NC. Applicant is a currently a shareholder of the company and not an officer or member of management, and as such does not have access to this information.

HISTORICAL DATA CHART

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Give information for the last *three* (3) years for which complete data are available for the facility or agency. The fiscal year begins in _____ (Month).

	Year N/A	Year N/A	Year N/A
A. Utilization Data (Specify unit of measure)			
B. Revenue from Services to Patients			
1. Inpatient Services	\$ _____	\$ _____	\$ _____
2. Outpatient Services	_____	_____	_____
3. Emergency Services	_____	_____	_____
4. Other Operating Revenue (Specify) _____	_____	_____	_____
Gross Operating Revenue	\$ _____	\$ _____	\$ _____
C. Deductions from Gross Operating Revenue			
1. Contractual Adjustments	\$ _____	\$ _____	\$ _____
2. Provision for Charity Care	_____	_____	_____
3. Provisions for Bad Debt	_____	_____	_____
Total Deductions	\$ _____	\$ _____	\$ _____
NET OPERATING REVENUE	\$ _____	\$ _____	\$ _____
D. Operating Expenses			
1. Salaries and Wages	\$ _____	\$ _____	\$ _____
2. Physician's Salaries and Wages	_____	_____	_____
3. Supplies	_____	_____	_____
4. Taxes	_____	_____	_____
5. Depreciation	_____	_____	_____
6. Rent	_____	_____	_____
7. Interest, other than Capital	_____	_____	_____
8. Other Expenses (Specify) _____	_____	_____	_____
Total Operating Expenses	\$ _____	\$ _____	\$ _____
E. Other Revenue (Expenses) – Net (Specify)	\$ _____	\$ _____	\$ _____
NET OPERATING INCOME (LOSS)	\$ _____	\$ _____	\$ _____
F. Capital Expenditures			
1. Retirement of Principal	\$ _____	\$ _____	\$ _____
2. Interest	_____	_____	_____
Total Capital Expenditures	\$ _____	\$ _____	\$ _____
NET OPERATING INCOME (LOSS)			
LESS CAPITAL EXPENDITURES	\$ _____	\$ _____	\$ _____

5. Please identify the project's average gross charge, average deduction from operating revenue, and average net charge.

Patients (average during year)	530	1,056
Average gross charge (revenue per year)	\$3,363	\$3,697
Average deduction from operating revenue	\$101	\$111
Average net charge	\$3,262	\$3,586

6. A. Please provide the current and proposed charge schedules for the proposal. Discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the proposed project and the impact on existing patient charges.

Since this is a new operation, Applicant submits planned charges.

Service	Proposed Charge
Intake assessment	\$50
Methadone Fee	\$10 per day
Buprenorphine/Suboxone Fee	\$200 per month plus medication cost
Guest dosing	\$20 per day
Drug screens, passed	\$0, included in medication
Drug screens, failed	\$25
Counseling	\$0, included in fees above
Annual Health & Physical	\$0, included in fees above

6. B. Compare the proposed charges to those of similar facilities in the service area/adjoining service areas, or to proposed charges of projects recently approved by the Health Services and Development Agency. If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

The comparative charge schedule is shown below:

Service	Charge	Phone survey results, if available
Intake assessment	\$50	Waived at Asheville area clinics, \$50 at Knoxville clinics and Galax, VA; \$25 at Stepping Stone in Boone, NC
Methadone Fee	\$10 per day	\$16.14 at 2 clinics in Knoxville; \$11 – \$13 per day at Asheville clinics and Boone, NC; Galax, VA is \$25 per day according to a 3/22 phone inquiry
Buprenorphine/Suboxone Fee	\$200 per month plus medication cost	Asheville area clinics were full and not accepting new patients; Stepping Stone is \$13-\$21 per day depending on dosage; Galax, VA is \$30 per day. \$400 per month plus medication cost at buprenorphine-private physician offices, without counseling, drug testing, STD/HIV/TB testing, diversion control, etc.
Guest dosing	\$20 per day	\$15 - \$25 per day plus a one-time charge of \$25

Drug screens, passed	\$0, included in medication	\$0, included in medication
Drug screens, failed	\$25	\$0 - \$25
Counseling	\$0, included in fees above	\$0, included in fees above at other NRMFTs Either not available or on a referral basis at buprenorphine-approved private physician offices
Annual Health & Physical	\$0, included in fees above	\$0, included in fees above

This is a new project, so there is no impact to previous charge schedules.

Based upon telephone surveys in February 2013, the proposed gross charge is approximately 20%-33% less than those charged by the nearest clinics in North Carolina and Tennessee (Crossroads in Weaverville, NC and DRD in Knoxville, TN). Based on phone interviews during March, 2013, the clinics in Knoxville charged approximately \$16.30 per day and the clinics in Weaverville and Asheville, NC charge between \$12 and \$13 per day.

Since TennCare does not cover Methadone Clinic Services³⁴ for patients over 21 years of age and Medicare does not pay for methadone maintenance treatment, there is not a relevant comparable charge base.

7. Discuss how projected utilization rates will be sufficient to maintain cost-effectiveness.

This project is scheduled to be cash flow positive within 180 days of opening. Any negative variances to this will be covered by Tri-Cities Holdings, LLC.

8. Discuss how financial viability will be ensured within two years; and demonstrate the availability of sufficient cash flow until financial viability is achieved.

As shown in the Projected Data Chart, this project is projected to be cash flow positive in Year 1, and ongoing thereafter. The management of Tri-Cities Holdings, LLC has opened 9 similar NRMFTs in four states and has significant experience and an excellent track record of ensuring cash flow positive, viable and compliance NRMFTs. In the supporting document, a personal financial

³⁴ www.tn.gov/tenncare/forms/phar20050912.pdf

statement is included in Attachment C Economic Feasibility-10 for Steve Kester, Tri-Cities Holding's CEO, who will personally guarantee this project through fruition. All funds required to open and outfit this facility, and cover the operating loss during the first year, plus contingency, are secured.

9. Discuss the project's participation in state and federal revenue programs including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project. In addition, report the estimated dollar amount of revenue and percentage of total project revenue anticipated from each of TennCare, Medicare, or other state and federal sources for the proposal's first year of operation.

The Applicant plans to utilize self-pay programs and does not plan to participate in State and federal programs such as TennCare or Medicare. If the healthcare environment shifts, such as universal coverage of NRMFTs services for qualified patients, the Applicant may revisit this decision. Because buprenorphine patients will comprise an estimated 25% of applicant's patient mix, the applicant cannot justify the investment of resources required to maintain compliance with TennCare. However, a call to TennCare Solutions (888-816-1680) indicated that TennCare patients can be reimbursed for approved medication and services upon individual submission of receipts.

10. Provide copies of the balance sheet and income statement from the most recent reporting period of the institution and the most recent audited financial statements with accompanying notes, if applicable. For new projects, provide financial information for the corporation, partnership, or principal parties involved with the project. Copies must be inserted at the end of the application, in the correct alpha-numeric order and labeled as Attachment C, Economic Feasibility-10.

The proposed facility and the company are new, so no historical data is available. Personal financial statements are included in Attachment C Economic Feasibility-10 for Tri-Cities Holding's CEO who is personally funding and guaranteeing this project.

11. Describe all alternatives to this project which were considered and discuss the advantages and disadvantages of each alternative including but not limited to:

a. A discussion regarding the availability of less costly, more effective, and/or more efficient alternative methods of providing the benefits intended by the proposal. If development of such alternatives is not practicable, the applicant should justify why not; including reasons as to why they were rejected.

There is no treatment in the proposed service area currently. Our proposal may appear to be more expensive than the status quo, i.e. no service. However, the State of Tennessee and many organizations have documented the cost of untreated persons significantly outweigh the cost of treatment, as measured by crime, broken families, loss or diminishment of employment, related health costs, and fatalities³⁵.

³⁵ tn.gov/mental/policy/presc_drug_abuse.shtml

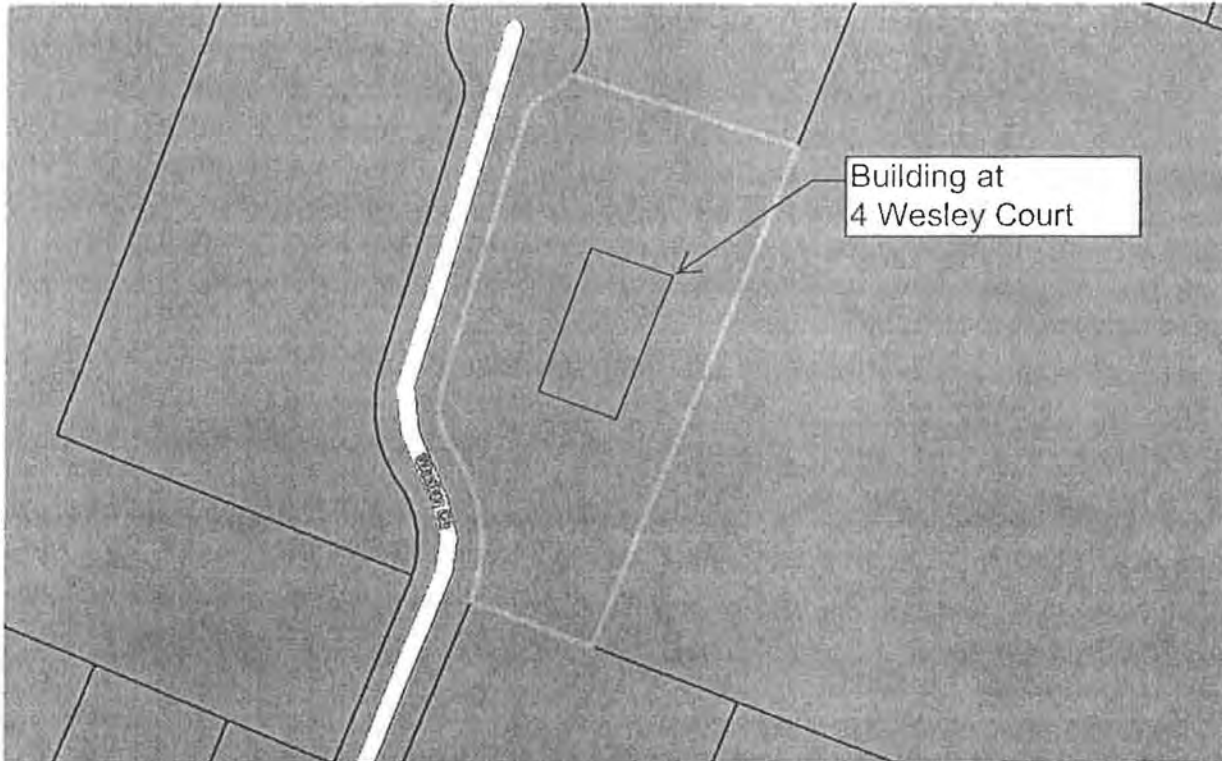
PLOT PLAN

Washington County - Parcel: 038B B 006.00⁶¹

SUPPLEMENTAL- # 1

March 25, 2013

12:15pm



Date Created: 3/18/2013

1. Parcel size: 1.66 acres
2. Building size: 8,208 square feet
3. All construction will be inside the four exterior walls of the building.
4. Names of streets, roads or highway that cross or border the site: Wesley Court

As for effectiveness of treatment, methadone maintenance treatment has proven the most effective treatment for opiate addiction, as studied by numerous agencies, including the Centers For Disease Control and the National Institute on Drug Abuse³⁶. However, our proposed services also include buprenorphine-based treatment and abstinence-based services. The patient, together with his or her care team of doctors, nurses and counselors will decide the best treatment plan. In addition, we anticipate that patients will migrate between treatment services. For example, a patient may be stabilized with methadone, tapered down and switched to Suboxone, then transition to abstinence-based treatment, and finally be discharged after successfully demonstrating the ability to live independently without relapse.

Our estimate is that *initial* treatments will breakdown as follows:

- Methadone maintenance: 73%
- Buprenorphine-based treatment: 25%
- Abstinence treatment: 2%

Comparison of applicant's proposed services and inpatient treatment:

- Frontier Health/Magnolia Ridge Alcohol & Drug Residential Treatment
900 Buffalo Street
Johnson City, TN 37604
www.frontierhealth.org
COST: \$6,000 per month (compared to applicant's \$400/month outpatient)
NOTE: 9-12 week waiting list.
- Comprehensive Community Services
6145 Temple Star Road
Kingsport, TN 37660
ccstreatment.com
COST: \$5,600 per month (compared to applicant's \$400/month outpatient)
NOTE: 100+ patients on waiting list/Minimum four weeks until available.

b. The applicant should document that consideration has been given to alternatives to new construction, e.g., modernization or sharing arrangements. It should be documented that superior alternatives have been implemented to the maximum extent practicable.

The applicant reviewed more than 50 locations in the Tri-Cities area before selecting its proposed location. Beyond best meeting zoning requirements, the proposed facility was chosen because it was located in the biggest city of the proposed service area and therefore close to the maximum number of anticipated patients; it had ready highway access to all points within the proposed service area; and it required no new construction, only upfitting and modifications to an existing structure. Tri-Cities Holdings has balanced cost control with providing patients quality care and a healing environment.

³⁶ www.cdc.gov/idu/facts/methadonefin.pdf

ORDERLY DEVELOPMENT

1. List all existing health care providers (e.g., hospitals, nursing homes, home care organizations, etc.), managed care organizations, alliances, and/or networks with which the applicant currently has or plans to have contractual and/or working relationships, e.g., transfer agreements, contractual agreements for health services.

The applicant intends to have transfer relationships with all emergency hospitals in the Tri-Cities and surrounding area, including the Johnson City Medical Center and Wellmont Urgent Care; in Kingsport: Holston Valley Medical Center and Indian Path Primary Care; in Bristol: Bristol Regional; Union County Memorial in Erwin; Laughlin Memorial in Greeneville and Hawkins County Memorial in Rogersville.

2. Describe the positive and/or negative effects of the proposal on the health care system. Please be sure to discuss any instances of duplication or competition arising from your proposal including a description of the effect the proposal will have on the utilization rates of existing providers in the service area of the project.

This project will significantly improve the lives and financial well being to those people suffering from opiate addictions that cannot or will not drive hundreds of miles for the nearest treatment. In doing so, the communities of the proposed service area will benefit from less crime, more families intact, less work truancy, and less rates of HIV and hepatitis infections.

For those patients domiciled in the proposed service area who currently travel hundreds of miles for treatment, our proposed facility will help their finances (approximately \$30 per day of treatment), allow them to spend more time with their families, seek new or better employment, and help keep them from relapsing.

Because of the epidemic levels of drug overdose deaths and prescribed pain medicine, Tennessee providers have experienced significant increases in enrollment³⁷, so this project is not expected to have any negative consequences to the current base of providers.

3. Provide the current and/or anticipated staffing pattern for all employees providing patient care for the project. This can be reported using FTEs for these positions. Additionally, please compare the clinical staff salaries in the proposal to prevailing wage patterns in the service area as published by the Tennessee Department of Labor & Workforce Development and/or other documented sources.

Our proposed facility will pay competitive wage and benefit packages for our staff. The staffing

³⁷ CDC reports overdose deaths have tripled since 1990 in <http://www.cdc.gov/homeandrecreationalsafety/rxbrief/> and Tennessee reports a 250% increase from 2001 – 2010, the percentage of people identifying prescription opioids as their primary substance of abuse increased from 5% in 1999 to 23% in 2009 in http://tn.gov/mental/policy/persc_drug_docs/Prescription%20Drug%20Use%20in%20TN_2%203%202012_R2.pdf

levels and compensation levels are shown in the table below³⁸, ranked in the order of the number of staff patient care positions. This data was aided by the Tennessee Department of Labor and Workforce Development, 2012 Occupation Wage Report for the Johnson City Healthcare Industry. The compensation figures below are in-line with the Tennessee statistics.

Position	Average number of fulltime staff, Year 1	Average number of fulltime staff, Year 2	Annual compensation Range, Entry - Senior	Tennessee Dept of Labor Range ³⁹
Substance Abuse Counselors	12	22	\$22,000 - \$30,000	\$25,661 - \$34,666
LPN Dosing Nurses	2	4	\$27,000 - \$37,000	\$27,512- \$37,268
Charge Nurse	1	1	\$45,000 - \$55,000	\$39,678- \$64,293
Charge Counselor	1	1	\$35,000 - \$40,000	\$31,651- \$34,646
Program Director	1	1	\$70,000 - \$110,000	\$78,220- \$99,889
Medical Director	Contract (part time)	Contract (part time)	\$150,000 - \$200,000	\$137,042- \$225,926

A Security Guard is currently not planned. If the need arises, this position will be hired.

All personnel will satisfy State MINIMUM PROGRAM REQUIREMENTS FOR NON-RESIDENTIAL OPIOID TREATMENT PROGRAM FACILITIES, Staff Qualifications, Rule 0940-05-42-.29

Applicant has interviewed candidates for the Medical Director and a Program Director positions. Current candidates meet certification requirements. Because of the uncertainty with respect to approval and timing, offers cannot be extended and candidates do not wish to be identified.

4. Discuss the availability of and accessibility to human resources required by the proposal, including adequate professional staff, as per the Department of Health, the Department of Mental Health and Developmental Disabilities, and/or the Division of Mental Retardation Services licensing requirements.

The applicant operates nine other facilities in four states and is aware of the difficulty of hiring in the healthcare market.

³⁸ <http://www.tn.gov/labor-wfd/wages/2012/PAGE0144.HTM>

³⁹ TN Dept of Labor & Workforce Dev, Div Emp Sec, R&S.

The applicant is aware of the licensing requirements of the State, including the staffing requirements.

Fortunately, Johnson City is home to one of the Country's best universities for nursing, medicine and social work: East Tennessee State University. In addition, the area has a vibrant medical community from which to recruit entry level and experienced professionals.

Hiring and keeping the right staff is always a challenge and the applicant is experienced and financed ready to meet the challenges.

5. Verify that the applicant has reviewed and understands all licensing certification as required by the State of Tennessee for medical/clinical staff. These include, without limitation, regulations concerning physician supervision, credentialing, admission privileges, quality assurance policies and programs, utilization review policies and programs, record keeping, and staff education.

The applicant verifies this.

6. Discuss your health care institution's participation in the training of students in the areas of medicine, nursing, social work, etc. (e.g., internships, residencies, etc.).

The applicant has significant experience working developing internships and other partnerships with local universities and professional societies. Applicant looks forward to establishing these ties with ETSU's undergraduate and graduate healthcare programs and Northeast State Community College's Social Work (A.A. Degree) program.

Internships and other partnerships must take into account the confidentiality, and sensitivity of the nature of a clinic of this type.

7. (a) Please verify, as applicable, that the applicant has reviewed and understands the licensure requirements of the Department of Health, the Department of Mental Health and Developmental Disabilities, the Division of Mental Retardation Services, and/or any applicable Medicare requirements.

The applicant verifies this.

(b) Provide the name of the entity from which the applicant has received or will receive licensure, certification, and/or accreditation.

LICENSURE: Department of Mental Health and Substance Abuse Services, Office of Licensure

CERTIFICATION: Federal Certification from U.S. Health And Human Services, Division of Substance Abuse and Mental Health Services Administration (SAMHSA)

ACCREDITATION: Commission on Accreditation of Rehabilitation Facilities (CARF)

March 25, 2013

(c) If an existing institution, please describe the current standing with any licensing, certifying, or accrediting agency. Provide a copy of the current license of the facility. 12:15pm

Not Applicable (NA).

(d) For existing licensed providers, document that all deficiencies (if any) cited in the last licensure certification and inspection have been addressed through an approved plan of correction. Please include a copy of the most recent licensure/certification inspection with an approved plan of correction.

Not Applicable (NA). Applicant was asked to provide health survey results for centers in North Carolina. Applicant is a shareholder of the company that operates these centers, but is not an officer or member of management. As such, he has no access to these records.

8. Document and explain any final orders or judgments entered in any state or country by a licensing agency or court against professional licenses held by the applicant or any entities or persons with more than a 5% ownership interest in the applicant. Such information is to be provided for licenses regardless of whether such license is currently held.

None.

9. Identify and explain any final civil or criminal judgments for fraud or theft against any person or entity with more than a 5% ownership interest in the project.

None.

10. If the proposal is approved, please discuss whether the applicant will provide the Tennessee Health Services and Development Agency and/or the reviewing agency information concerning the number of patients treated, the number and type of procedures performed, and other data as required.

Yes, subject to Federal HIPAA regulation

PROOF OF PUBLICATION

March 25, 2013

12:15pm

JOHNSON CITY PRESS

204 W. Main St., Johnson City, TN 37604

AFFIDAVIT OF PUBLICATION

AD# 1065011
 DATES: 3-6-2013

STATE OF TENNESSEE

WASHINGTON COUNTY SS

Richard Clark makes the oath that he is the Vice President of Advertising Inside Sales

of the JOHNSON CITY PRESS, a daily newspaper published in Johnson City, in said County and State, and
 that the advertisement was published in said newspaper for three (3) insertion(s) commencing on

3-6-2013 and ending on 3-6-2013

Richard Clark

Signature

Sworn to and subscribed before me this 03 07 2013
 Month Day Year

In testimony whereof I have hereunto set my hand and seal this third day and year aforesaid.



Jan Reeser

JAN REESER

Notary Public

My commission expires: 03/02/2016

NOTIFICATION OF INTENT TO APPLY FOR A
CERTIFICATE OF NEED

This is to provide official notice to the Health Service and Development Agency and all interested parties, in accordance with T.C.A. 68-11-1601 et seq., and the Rules of the Health Service and Development Agency, that Tri-Cities Holding LLC with an ownership type of Limited Liability Company and to be managed by: Manager Steve Kester intends to file an application for a Certificate of Need Establishment of nonresidential substitution-based treatment center for opiate addiction offering methadone and buprenorphine which is designed to treat opiate addiction by preventing symptoms of withdrawal. In addition, we will offer individual counseling services and group therapy to help break the cycle of addiction and provide patients the life skills and resources to serve as productive members of their communities, families and employers. The location of the proposed project is 4 Wesley Court, Johnson City, Tennessee 37601. The project cost is estimated to be \$ 670,000.

The anticipated date of filing the application is: March 7, 2013.

The contact person for this project is Steve Kester Manager who may be reached at: Tri-Cities Holdings LLC 6555 Sugarloaf Parkway Suite 307-137 Duluth Georgia 30097 404-664-2616. Upon written request by interested parties, an local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
The Frost Building Third Floor
161 Rosa L. Parks Boulevard
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than Fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

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Tennessee Code Annotated § 68-11-1609(c) provides that a Certificate of Need is valid for a period not to exceed three (3) years (for hospital projects) or two (2) years (for all other projects) from the date of its issuance and after such time shall expire; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificates of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need which has been extended shall expire at the end of the extended time period. The decision whether to grant such an extension is within the sole discretion of the Agency, and is not subject to review, reconsideration, or appeal.

1. Please complete the Project Completion Forecast Chart on the next page. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.
2. If the response to the preceding question *indicates that the applicant does not anticipate completing the project within the period of validity as defined in the preceding paragraph*, please state below any request for an extended schedule and document the "good cause" for such an extension.

PROJECT COMPLETION FORECAST CHART

March 25, 2013

12:15pm

Enter the Agency projected Initial Decision date, as published in the C.A. § 68-11-1609(c): 6/13
 2013 PA 12 07
 2013 PA 12 07

Assuming the CON approval becomes the final agency action on that date; indicate the number of days from the above agency decision date to each phase of the completion forecast.

<u>Phase</u>	<u>DAYS REQUIRED</u>	<u>Anticipated Date (MONTH/YEAR)</u>
1. <u>Architectural and engineering contract signed</u>	0	6/13
2. <u>Construction documents approved by the Tennessee Department of Health</u>	60	8/13
3. <u>Construction contract signed</u>	10	6/13
4. <u>Building permit secured</u>	15	6/13
5. <u>Site preparation completed</u>	N/A	N/A
6. <u>Building construction commenced</u>	20	7/13
7. <u>Construction 40% complete</u>	50	9/13
8. <u>Construction 80% complete</u>	70	10/13
9. <u>Construction 100% complete (approved for occupancy)</u>	90	11/13
10. <u>*Issuance of license</u>	150	1/14
11. <u>*Initiation of service</u>	180	2/14
12. <u>Final Architectural Certification of Payment</u>	210	3/14
13. <u>Final Project Report Form (HF0055)</u>	270	5/14

* For projects that do NOT involve construction or renovation: Please complete items 10 and 11 only.

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

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ATTACHMENTS

Applicant Ownership Structure Attachment A.4.

Information for Section A, Item 4: Tri-Cities Holdings Ownership

Name	Title	Membership Interest	Address
Steven W. Kester	Manager	50%	2892 Darlington Run Duluth, GA 30097
Leigh B. Dunlap	Member	50%	801 West Conway Drive NW, Atlanta, Georgia 30327

Attachment A-5

Management Biographies and Affiliations

Tri-Cities Holdings, LLC is owned equally between Steven W. Kester and Leigh B. Dunlap.

Steve Kester is 49 years old and a unit holder of Tri-Cities Holdings, and serves as the company's Chief Executive Officer.

Mr. Kester was the co-founder of Treatment Centers HoldCo, doing business as Crossroads Treatment Centers. He is currently a minority shareholder of Treatment Centers HoldCo and not active in the management of the company. The company operates 9 centers in the following states and cities: North Carolina: Asheville, Weaverville, and Greensboro; South Carolina: Greenville, Columbia and Seneca; Georgia: Ringgold and Suwanee; and Virginia: Danville.

Mr. Kester has spent his career building companies in healthcare, service industries, and consumer products.

Mr. Kester holds an MBA from the Wharton School and an Electrical Engineering Degree from Georgia Tech.

Mr. Kester is married with three children.

* * *

Leigh B. Dunlap attended the University of Southern California (1983-1987).

She has resided in Georgia for the past twenty years.

She is a professional screenplay writer.

She now serves in a volunteer position as president of the Georgia environmental non-profit advocacy group, Clean Earth Now, Inc.

Leigh B. Dunlap is a unit holder of Tri-Cities Holdings LLC and occupies no management position in the company.

**ATTACHMENT B I.
SUPPLEMENTAL QUESTIONS
AND RESPONSES**

Please clarify if Buprenorphine or Methadone will be prescribed for pain management, by a mid-level practitioners, or for the treatment of depression.

No. Our proposed services are for the exclusive treatment of opioid addiction.

What is the difference between Buprenorphine and Methadone in the treatment of opioid addiction? In your response, please discuss the method of administration, frequency, side effects, cost, etc.

The Drug Addiction Treatment Act (DATA) of 2000 allows qualified physicians who obtain a waiver from the federal government to prescribe and dispense two formulations of buprenorphine (subutex and suboxone) to treat opiate addiction. The SAMSHA (Substance Abuse and Mental Health Services Administration) Buprenorphine Physician and Treatment Program Locator web-site list thirty-two (32) physicians that are certified to dispense Buprenorphine in Johnson City, TN. Please discuss the waiver in terms of the training required by private physicians and facilities, the maximum caseloads, etc. In your response, please discuss if these physicians accept cash only from patients (including TennCare patients).

Methadone maintenance treatment (MMT) is the most common and established form of opioid addiction treatment. It was developed in 1964 and has been used continuously since in the United States. In October 2002, the Food and Drug Administration (FDA) approved buprenorphine monotherapy product, Subutex®, and a buprenorphine/naloxone combination product, Suboxone®, for use in opioid addiction treatment. Still, other practitioners believe in abstinence-based treatment.

We believe the answer is that there is no single approach or medication that is right for everybody.

Opioid addiction medications and treatment continue to evolve. Our proposed services will include methadone, buprenorphine, and abstinence-based services. As new medications and treatment approaches come on the market, we will evaluate them. All patients are unique and different medications (or lack thereof) will be evaluated and customized care plans will be developed for each patient. Our pledge is to provide the best option for patients.

The biggest difference between the two is that buprenorphine is a *partial opiate agonist* (i.e. its effects are limited even when taken in large doses) but methadone is a full opiate agonist. The general (not absolute) implications of this are the following:

- Buprenorphine is harder to abuse so patients are more often allowed to take it home. Methadone can be more easily abused, so when patients first start treatment they need to travel to a clinic each day to take their medication. At

later stages of the treatment they are allowed take-home doses of methadone.

- For people with heavy opiate habits and serious addiction, buprenorphine cannot provide effective relief from withdrawal symptoms. Methadone works better for such individuals.
- Buprenorphine is generally less addictive than methadone.
- Withdrawal symptoms of a buprenorphine detox are generally less severe than methadone detox.
- The risk of a fatal overdose on buprenorphine is less than with methadone.

The Drug Addiction Treatment Act of 2000 (DATA 2000)

This act enables *qualifying physicians* to receive a *waiver* from the special registration requirements in the Controlled Substances Act for the provision of medication-assisted opioid therapy. This waiver allows qualifying physicians to practice medication-assisted opioid addiction therapy with Schedule III, IV, or V narcotic medications specifically approved by the **Food and Drug Administration (FDA)**. On October 8, 2002 Subutex® (buprenorphine hydrochloride) and Suboxone® tablets (buprenorphine hydrochloride and naloxone hydrochloride) received FDA approval for the treatment of opioid addiction.

To receive a waiver to practice opioid addiction therapy with approved Schedule III, IV, or V narcotics a physician must notify the **Center for Substance Abuse Treatment (CSAT, a component of the Substance Abuse and Mental Health Services Administration)** of his or her intent to begin dispensing or prescribing this treatment. This Notification of Intent must be submitted to CSAT before the initial dispensing or prescribing of opioid therapy. The "waiver notification" section on this Site provides information on how to obtain and submit a Notification of Intent form. The Notification of Intent can be submitted on-line from this Web site, or via ground mail or fax.

The Notification of Intent must contain information on the physician's qualifying credentials (as defined below) and additional certifications including that the physician has the capacity to refer such addiction therapy patients for appropriate counseling and other non-pharmacologic therapies, and that the physician will not have more than 30 patients on such addiction therapy at any one time for the first year. (Note: The 30-patient limit is not affected by the number of a physician's practice locations. One year after the date on which the physician submitted the initial notification, the physician will be able to submit a second notification stating the need and intent to treat up to 100 patients.)

The Drug Enforcement Administration (DEA)

The Drug Enforcement Administration (DEA) assigns the physician a special identification number. DEA regulations require this ID number to be included on all buprenorphine prescriptions for opioid addiction therapy, along with the physician's regular DEA registration number.

To qualify for a waiver under DATA 2000 a licensed physician (MD or DO) must meet any one or more of the following criteria:

- The physician holds a subspecialty board certification in addiction psychiatry from the American Board of Medical Specialties.
- The physician holds an addiction certification from the American Society of Addiction Medicine.
- The physician holds a subspecialty board certification in addiction medicine from the American Osteopathic Association.
- The physician has, with respect to the treatment and management of opioid-addicted patients, completed not less than eight hours of training (through classroom situations, seminars at professional society meetings, electronic communications, or otherwise) that is provided by the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Psychiatric Association, or any other organization that the Secretary determines is appropriate for purposes of this subclause.
- The physician has participated as an investigator in one or more clinical trials leading to the approval of a narcotic drug in schedule III, IV, or V for maintenance or detoxification treatment, as demonstrated by a statement submitted to the Secretary by the sponsor of such approved drug.
- The physician has such other training or experience as the State medical licensing board (of the State in which the physician will provide maintenance or detoxification treatment) considers to demonstrate the ability of the physician to treat and manage opioid-addicted patients.
- The physician has such other training or experience as the Secretary considers to demonstrate the ability of the physician to treat and manage opioid-addicted patients. Any criteria of the Secretary under this subclause shall be established by regulation. Any such criteria are effective only for 3 years after the date on which the criteria are promulgated, but may be extended for such additional discrete 3-year periods as the Secretary considers appropriate for purposes of this subclause. Such an extension of criteria may only be effectuated through a statement published in the Federal Register by the Secretary during the 30-day period preceding the end of the 3-year period involved.

Some, but not all, of the DATA2000 private physicians accepted TennCare. Of those that did not accept TennCare, some took private insurance, and others accepted self-pay methods only.

Please explain what the controlled Substances Database is and how it relates to the proposed project.

The CSMD (Controlled Substance Monitoring Database) was created by an act of the Tennessee legislature, to be administratively attached to the Tennessee Board of Pharmacy. The state statute that covers this database and its use is TCA 53-10-Part 3, Controlled Substance Monitoring Act of 2002. The Board of Pharmacy and the CSMD Advisory Committee establish, administer, maintain and direct the functioning of the database in accordance with this Part 3.

Pharmacies within the state of Tennessee are required to upload all schedule II-V prescriptions at least twice monthly¹.

¹ <https://health.state.tn.us/boards/Controlledsubstance/index.shtml>

For this project, this database was developed to ensure that NRMTF patients are not receiving medication from multiple NRMTFs, to help eliminate the possibility of abuse/overdose of methadone and/or buprenorphine.

Please discuss alternative treatment options available in the community for opioid addiction. Please discuss the drug naltrexone for the treatment of opioid dependence. Please include in your response who can prescribe naltrexone and the oral daily form and the monthly injectable extended-released form (Vivitrol). Is Naltrexone available as treatment option in the proposed service area?

There are no NRMTFs in the proposed service area. NRMTFs are the most common and established treatment options for opioid addiction in the U.S. There are 1,076 of these centers in the United States² and 12 in Tennessee³.

The two most common alternatives to NRMTFs are buprenorphine-based treatment in private physician offices and behavioral therapies, such as abstinence-based treatment available in counseling centers. These options are generally available throughout the U.S., including Tennessee and the proposed service area.

NRMTFs are the most widely used treatment because they are the most successful and the most cost-effective when the scope of medications and services is accounted for.

It is illegal in the United States for a doctor to prescribe methadone for the purposes of treating addiction, unless he or she is working at an appropriately licensed NRMTF. Private physicians rarely offer counseling. Getting buprenorphine at a physician's office is often termed "dose and dash" because of the lack of counseling, drug testing, diversion monitoring, care planning, etc.

Abstinence-based therapies fail 92% of the time⁴ because of the intense hardship and side effects of opiate withdrawal. This is true for heroin users and many prescription pain pill users because the potency of prescription pain pills can match that of heroin. Using Morphine as the standard, the following drugs and their dosages in injection are equal to getting the same amount of pain relief as 10 mgs of Morphine injection⁵:

1.5 mg hydromorphone (Dilaudid).....= 10 mg morphine

10 mg methadone (Dolophine).....= 10 mg morphine

² <http://findtreatment.samhsa.gov/TreatmentLocator/faces/servicesSearch.jspx>

³ http://tn.gov/mental/A&D/A_D_docs/methadonelabeledclinics.pdf

⁴

http://www.kap.samhsa.gov/products/trainingcurriculums/pdfs/tip43_curriculum.pdf

⁵ <http://www.adhesions.org/forums/ADHESIONS.0002/0311.html>

82

15 mg oxycodone (percocet, tylox).....= 10 mg morphine

2 mg levorphanol (Levo-Dromoran).....= 10 mg morphine

1 mg oxymorphone (Numorphan).....= 10 mg morphine

5 mg Heroin.....= 10 mg morphine

75 mg meperidine (demerol).....= 10 mg morphine

130 mg codeine.....= 10 mg morphine

25 ug/hr Fentanyl.....= 10 mg morphine

Naltrexone is a non-opioid medication that is approved for the treatment of opioid dependence. Naltrexone is an opioid receptor antagonist; it binds to opioid receptors, but instead of activating the receptors, it effectively blocks them. Through this action, it prevents opioid receptors from being activated by agonist compounds, such as heroin or prescription pain killers, and is reported to reduce craving and prevent relapse. As opposed to other medications used for opioid dependence (methadone and buprenorphine), naltrexone can be prescribed by any individual who is licensed to prescribe medicine (e.g., physician, doctor of osteopathic medicine, physician assistant, and nurse practitioner), so it is available in the proposed service area. Both the oral daily form and the monthly injectable monthly extended-release form (Vivitrol®) are FDA approved for treatment of opioid dependence. Vivitrol® was approved by FDA for this indication in 2010⁶.

In summary Naltrexone-based therapy is generally accepted for those that have overcome their addiction to opioids because it removes the reward (high) associated with opioids. However, the treatment generally does not adequately address the withdraw symptoms that addicts need.

Please discuss the percentage of patients who have become completely drug free from methadone for significant periods of time.

Patients who are most successful in medication-assisted treatment (MAT) with methadone stay in treatment for more than a year. Many patients need to continue treatment indefinitely, as is the case with any chronic medical condition.

Patients who stay in MAT with methadone for less than three months usually show little or no continued improvement. After several months in treatment, patients are stabilized on methadone. At that point, the use of illegal opioids drops by up to 80%. But leaving treatment after that carries substantial risks. Almost all patients who leave MAT and do not have further treatment of some sort eventually relapse, and risk having an overdose⁷.

⁶ <http://www.dpt.samhsa.gov/medications/naltrexone.aspx>

⁷ Brown LS, et al. the interrelationships between length of stay, methadone dosage, and age at an urban opioid treatment program. Paper presented at: CPDD (College on Problems of Drug Dependence) 65th Annual Meeting; June 2004

Please list the location of methadone anonymous meetings in the applicant's service area. Please indicate if methadone anonymous meetings are planned in the proposed project service area.

A search of <http://www.methadoneanonymous.org/> and <http://www.methadonesupport.org/> showed no locations in the proposed service area. The Applicant pledges to work with patients towards their ultimate independence from addiction and associated treatment programs, including developing and supporting groups that aid in lifetime addiction recovery. Most people who seek MMT treatment got there by abusing opiates for years. Undoing the damage and giving patients the life skills to cope is not fast and is not easy.

The applicant notes prescription medication abuse is higher in the Appalachian region than the rest of the United States. Please provide statistical information related to this statement.

An excellent article was written on this very topic: "Prescription Drug Abuse and the Pill Pipeline in Appalachia", by Dr. Robert Pack. Dr. Pack is associate professor of community health and associate dean for academic affairs at East Tennessee State University's College of Public Health in Johnson City, TN. His report also references the Appalachian Regional Commission's 2008 study of drug use in the Appalachian Region.

The report showed that the Southern Appalachian Region, which includes the proposed service area, the misuse of prescription pain pills was 6.2% versus 5.9% outside of the Appalachian Region.

What type of activities/meetings has your organization conducted to prepare and educate the public in the service area regarding this proposed application?

The Applicant has talked to approximately 50 members of the community while looking for sites that best meet the facility and community needs. These include potential landlords, realtors, brokers, neighboring businesses, etc.

The applicant has talked to, or attempted to contact all local mayors, senators, emergency room leaders, and zoning officials.

The applicant has meet with three news outlets (one news paper and 2 TV stations) and has written editorials and conducted multiple interviews.

The applicant talked at length with Dr. Robert Pack, East Tennessee State University Professor in Johnson City, TN and author of, "Prescription Drug Abuse and the *Pill Pipeline in Appalachia*"

The applicant has talked to 4 faith-based organizations, and the VFW.

What will be the scheduled hours of the proposed methadone facility?

The initial proposed hours of operations will be 5:00 AM until noon seven days per week. It is anticipated that when the facility reaches approximately 500 patients, an afternoon program will be added from noon until 5PM.

March 25, 2013
12:15pm

In-Patient Treatment Programs

	Taking New Patients	TennCare?	Cost/Month	Counseling?	Frequency
Frontier Health/Magnolia Ridge 900 Buffalo Street Johnson City, TN 37604 www.frontierhealth.org	9-12 week waiting list.	Yes	\$6,000	Yes	\$200/Day
Comprehensive Community Services 6145 Temple Star Road Kingsport, TN 37660 ccstreatment.com	100+ waiting list/Minimum four weeks until available.	Yes	\$5,600	Yes	\$200/Day

Buprenorphine-Certified Johnson City-Based Private Physicians

Provider	Number	Accepting Patients?	TennCare?	Cost/Month	Waiting list?	Licensed counseling services?	How often must come?
Stephen R. Cirelli, M.D. Watauga Medical Care 501 East Watauga Avenue Johnson City, TN 37601	(423) 722-8446	No					
David Lionel Forester, M.D. 209 East Unaka Avenue Johnson City, TN 37601	(423) 434-4677	No					
Stephen R. Cirelli, M.D. Medical Care Clinic 105 Broyles Drive Johnson City, TN 37601	(423) 722-4000	Yes	No	\$355	No	No	Monthly
Jose L. Lopez-Romero 100 West Unaka Avenue Suite 4 Johnson City, TN 37601	(423) 928-1393	Yes	No	\$400	No	No	Monthly
Jack A. Norden, M.D. 2406 Susannah Street Johnson City, TN 37601	(423) 262-8633	No*					
Wayne P. Gilbert, M.D. Watauga Family Practice 501 East Watauga Ave. Johnson City, TN 37601	(423) 722-8446	No					
Aubrey Doyce McElroy, Jr. 3201 Bristol Highway Suite 4	(423) 262-8132	Yes	No	\$400	No	No	Monthly

Johnson City, TN 37601									12:15pm
Edward Herschel Crutchfield, M.D.	(423) 946-3199	Not a Working Line							
105 Broyles Street Johnson City, TN 37601									
Michael Sanders Wysor, M.D	(423) 722-4000	Yes	No	\$355	No	No	Monthly		
Medical Care Walk In Clinic 105 Broyles Drive, Suite B Johnson City, TN 37601									
Matthew Morgan Gangwer, M.D	(706) 244-1390	Left Message/Not an Office/Not a Local Number (Toccoa, GA number)							
401 East Main Street Suite 3 Johnson City, TN 37601									
Stephen Douglas Loyd, M.D.	(423) 631-0732	No*							
205 High Point Drive Johnson City, TN 37601									
Christine Anne Carrejo, M.D.	(423) 722-8446	No							
Watauga Family Practice 501 East Watauga Avenue Johnson City, TN 37601									
Christine Anne Carrejo, M.D.	(423) 929-2584	No Drug Treatment Services--Referred Out to Another Doctor							
401 East Main Street Johnson City, TN 37601									
Laura Vanini Grobovsky, M.D	(423) 722-8446	No							
501 East Watauga Avenue Johnson City, TN 37601									
Martin P. Eason, M.D.	(423) 631-0432	Yes	No	\$400	No	Yes	Monthly		
3114 Browns Mill Road Johnson City, TN 37604									
Tracy Harrison Goen, M.D.	(423) 631-0432	Yes	No	\$400	No	Yes	Monthly		
3114 Browns Mill Road Johnson City, TN 37604									
Ray Wallace Mettetal, Jr., M.D	(423) 631-0432	Yes	No	\$400	No	Yes	Monthly		
4113 Browns Mill Road Johnson City, TN 37604									
Navneet Gupta, M.D.	(423) 232-6120	No Drug Treatment Services							
101 Med Tech Parkway Suite 200 Johnson City, TN 37604									
William Alan Walker, M.D.	(423) 612-1950	No Drug Treatment Services--Referred Out to Another Doctor							
206 West Holston Avenue Johnson City, TN 37604									
Michael Dandridge Tino, M.D.	(423) 928-1393	Yes	No	\$400	No	No	Monthly		
Doctors Assisted Wellness 100 West Unaka Avenue, Suite #3,4,5									

Johnson City, TN 37604								12:15pm
Edgar Alan Ongtengco, M.D.	(423) 833-5547	No Drug Treatment Services--Referred Out to Another Doctor						
2514 Wesley Street								
Suite 101								
Johnson City, TN 37604								
Robert David Reeves, M.D.	(423) 282-3379	Yes	No	\$400	No	No	Monthly	
926 West Oakland Avenue								
Suite 222								
Johnson City, TN 37604								
Jack R. Woodside, Jr., M.D.	(423) 439-6464	No Drug Treatment Services						
917 West Walnut Street								
Johnson City, TN 37604								
Hetal K. Brahmabhatt, M.D.	(423) 975-5444	Line Disconnected						
500 Longview Drive								
Johnson City, TN 37604								
John McClellan Miller, M.D.	(423) 282-5381	Closed						
811 Wedgewood Road								
Johnson City, TN 37604								
Morgan Counseling Services	(423) 833-5547	No Drug Treatment Services--Referred Out to Another Doctor						
412 West Unaka Street								
Johnson City, TN 37604								
Ralph Thomas Reach	(423) 631-0432	Yes	No	\$400	No	Yes	Monthly	
3114 Browns Mill Road								
Johnson City, TN 37604								
LeRoy Robert Osborne, D.O.	(423) 676-9015	Yes	No	\$400	No	No	Monthly	
Morgan Counseling & Accociates								
214 West Unaka Avenue								
Johnson City, TN 37604								
James Wesley Denham, M.D.	(901) 210-5079	No*						
1747 Skyline Drive								
Unit 25								
Johnson City, TN 37604								
William Edward Kyle, D.O.	(423) 631-0272	Yes	No	\$400	No	Yes	Monthly	
3114 Brownsmill Road								
Johnson City, TN 37604								
Jason John Della Vecchia, M.D.	(423) 232-5295	Yes	No	\$400	No	Yes	Monthly	
Better Body Medicine								
600 North State Of Franklin Road								
Johnson City, TN 37604								
Chambless Rand Johnston III, M.D.	(423) 232-5295	Yes	No	\$400	No	Yes	Monthly	
600 North State of Franklin Road								
Suite 5								
Johnson City, TN 37604								

Attachment B1 - Physicians Certified for Buprenorphine Treatment in proposed service area

First Name	Last Name	Suffix	Address Line 1	Address Line2	City	State	Zip Code	Phone
Charles	Fulton	M.D.	Charles A. Fulton MD	3763 Highway 11 West	Blountville	TN	37617	(423) 279-3860
Mack	Hicks	M.D.	3763 Highway 11W		Blountville	TN	37617	(423) 279-3860
Kevin	Catney	M.D.	Recovery Associates	1627 Highway 11 West	Bristol	TN	37620	(423) 274-0100
John	Barrowclough	M.D.	Appalachian Recovery Care, PLLC	2726 West State Street	Bristol	TN	37620	(423) 758-6744
Michael	Lady		Pathway Medical Group	113 Landmark Lane, Suite A	Bristol	TN	37620	(423) 573-7284
Shawn	Nelson	M.D.	3183 West State Street	Suite 1201	Bristol	TN	37620	(423) 764-0987
Matthew	Gangwer	M.D.	1895 Highway 126		Bristol	TN	37620	(423) 232-0222
Stephen	Wayne	M.D.	3183 West State Street	Suite 1201	Bristol	TN	37620	(423) 764-0987
Joseph	Radawi	M.D.	Appalachian Recovery Care, PLLC	2726 West State Street	Bristol	TN	37620	(423) 758-6744
Marianne	Filka	M.D.	Pathway Medical Group	113 Landmark Lane, Suite A	Bristol	TN	37620	(423) 573-7284
Gary	Neal	M.D.	260 Midway Medical Park	Suite 2G	Bristol	TN	37620	(423) 968-4444
John	Bandeian	M.D.	3169 West State Street		Bristol	TN	37620	(423) 968-3891
Charles	Wagner	M.D.	337 Bluff City Highway	Bradley Building Ste 101	Bristol	TN	37620	(423) 956-5028
Borzou	Azima	M.D.	1627 Highway 11 W		Bristol	TN	37620	(423) 274-0100
Linden	Fernando		2726 West State Street		Bristol	TN	37620	(423) 758-6744
Robert	Grindstaff	M.D.	Pathway Medical Group, Inc.	113 Landmark Lane Suite A	Bristol	TN	37620	(423) 573-7284
Douglas	Williams	M.D.	HirStep	3183 West State Street, Suite 1201	Bristol	TN	37620	(423) 764-2165
Earl	Wilson	M.D.	3183 West State Street	Suite 1201	Bristol	TN	37620	(423) 764-0987
Steven	Morgan	M.D.	3183 West State Street	Suite 1201	Bristol	TN	37620	(423) 764-0987
Pyung	Suh	M.D.	1729 Lynn Garden Drive		Kingsport	TN	37660	(423) 288-0223
Dana	Brown		208 Lynn Garden Drive		Kingsport	TN	37660	(423) 247-8811
Atif	Rasheed	M.D.	1076 Rotherwood Drive		Kingsport	TN	37660	(423) 963-4955
Jonathan	Wireman	M.D.	1901 Brookside Drive	Suite 101	Kingsport	TN	37660	(866) 755-4258
Bryan	Wood	M.D.	1901 Brookside Drive	Suite 101	Kingsport	TN	37660	(866) 755-4258
John	Tasker	M.D.	1303 East Center Street		Kingsport	TN	37660	(423) 384-2820
Arthur	Boyd	M.D.	1901 Brookside Drive	Suite 101	Kingsport	TN	37660	(866) 755-4258
Peter	Bockhorst	M.D.	201 Cassel Drive		Kingsport	TN	37660	(423) 245-9600
Michael	Martin	M.D.	1936 Brookside Drive	Suite C	Kingsport	TN	37660	(423) 384-4026
Sachdev	Somiah	M.D.	1944 Brookside Drive	Suite 1	Kingsport	TN	37660	(423) 245-2406
Daniel	Dickerson	M.D.	1901 Brookside Dr. Ste 101		Kingsport	TN	37660	(866) 755-4258
Randall	Falconer	M.D.	Recovery Assist LLC	1728 North Eastman Road	Kingsport	TN	37660	(423) 765-0089
Charles	Herrin	M.D.	2300 Pavilion Drive		Kingsport	TN	37660	(423) 857-5571
Jonathan	Lewis	M.D.	4600 Fort Henry Drive		Kingsport	TN	37663	(423) 224-3950
David	Merrifield	Jr., M.D.	Family Recovery Associates	1729 Lynn Garden Drive	Kingsport	TN	37665	(423) 288-0223
Bendik	Clark	M.D.	1729 Lynn Garden Drive		Kingsport	TN	37665	(423) 288-0223
Nicholas	Smith	M.D.	124 Gray Station Road	Suite 1	Gray	TN	37615	(423) 477-0600
Bruce	Boggs	M.D.	203 Gray Commons Circle		Gray	TN	37615	(423) 477-0600
Stephen	Cirelli	M.D.	Watauga Medical Care	501 East Watauga Avenue	Johnson City	TN	37601	(423) 722-8446
Stephen	Loyd	M.D.	205 High Point Drive		Johnson City	TN	37601	(423) 631-0732
Laura	Grobovsky	M.D.	501 East Watauga Avenue		Johnson City	TN	37601	(423) 722-8446
Christine	Carrejo	M.D.	Watauga Family Practice	501 East Watauga Avenue	Johnson City	TN	37601	(423) 722-8446
Cynthia	Partain	M.D.	401 East Main Street		Johnson City	TN	37601	(423) 929-2584
Matthew	Gangwer	M.D.	401 East Main Street	Suite 3	Johnson City	TN	37601	(706) 244-1390
David	Forester	M.D.	209 East Unaka Avenue		Johnson City	TN	37601	(423) 434-4677
Michael	Wysor	M.D.	Medical Care Walk In Clinic	105 Broyles Drive, Suite B	Johnson City	TN	37601	(423) 722-4000
Stephen	Cirelli	M.D.	Medical Care Clinic	105 Broyles Drive	Johnson City	TN	37601	(423) 722-4000
Edward	Crutchfield	M.D.	105 Broyles Street		Johnson City	TN	37601	(423) 946-3199
Jose	Lopez-Romero		100 West Unaka Avenue	Suite 4	Johnson City	TN	37601	(423) 928-1393
Aubrey	McElroy	Jr.	3201 Bristol Highway	Suite 4	Johnson City	TN	37601	(423) 262-8132
Wayne	Gilbert	M.D.	Watauga Family Practice	501 East Watauga Ave.	Johnson City	TN	37601	(423) 722-8446
Jack	Norden	M.D.	2406 Susannah Street		Johnson City	TN	37601	(423) 262-8633
Martin	Eason	M.D.	3114 Browns Mill Road		Johnson City	TN	37604	(423) 631-0432

Jason	Delia Vecchia	M.D.	Better Body Medicine	600 North State Of Franklin Road	Johnson City	TN	37604	(423) 232-5295
Chambless	Johnston	III, M.D.	600 North State of Franklin Road	Suite 5	Johnson City	TN	37604	(423) 232-5295
William	Kyle	D.O.	3114 Browns Mill Road		Johnson City	TN	37604	(423) 631-0272
Tracy	Goen	M.D.	3114 Browns Mill Road		Johnson City	TN	37604	(423) 631-0432
James	Denham	M.D.	1747 Skyline Drive	Unit 25	Johnson City	TN	37604	(901) 210-5079
Ray	Mettetal	Jr., M.D.	4113 Browns Mill Road		Johnson City	TN	37604	(423) 631-0432
LeRoy	Osborne	D.O.	Morgan Counseling & Associates	214 West Unaka Avenue	Johnson City	TN	37604	(423) 676-9015
Navneet	Gupta	M.D.	101 Med Tech Parkway	Suite 200	Johnson City	TN	37604	(423) 232-6120
Ralph	Reach		3114 Browns Mill Road		Johnson City	TN	37604	(423) 631-0432
William	Walker	M.D.	206 West Holston Avenue		Johnson City	TN	37604	(423) 612-1950
Michael	Tino	M.D.	Doctors Assisted Wellness	100 West Unaka Avenue, Suite #3,4,5	Johnson City	TN	37604	(423) 928-1393
Charles	Backus	III	Morgan Counseling Services	412 West Unaka Street	Johnson City	TN	37604	(423) 833-5547
John	Miller	M.D.	811 Wedgewood Road		Johnson City	TN	37604	(423) 282-5381
Hetal	Brahmbhatt	M.D.	500 Longview Drive		Johnson City	TN	37604	(423) 975-5444
Jack	Woodside	Jr., M.D.	917 West Walnut Street		Johnson City	TN	37604	(423) 439-6464
Robert	Reeves	M.D.	926 West Oakland Avenue	Suite 222	Johnson City	TN	37604	(423) 282-3379
Edgar	Ongtengco	M.D.	2514 Wesley Street	Suite 101	Johnson City	TN	37604	(423) 833-5547
Juan	Rodriguez	M.D.	Mental Health Clinic, Dept. of Psychiatr	P.O. Box 4000, La Mont Street	Mountain Home	TN	37684	(423) 926-1171x7703
David	Forester	M.D.	James H. Quillen VA Medical Center	P.O. Box 4000 116A	Mountain Home	TN	37684	(423) 926-1171x7150
Donald	Henson	Jr. M.D.	James H. Quillen VA Medical Center	Dept. of Psych., 116-A, P.O. Box 4000	Mountain Home	TN	37684	(423) 926-1171x2765
Tony	Yost	M.D.	184 Tamara Lane		Greeneville	TN	37743	(423) 422-2126
Elliott	Smith	Jr.	1406 Tusculum Boulevard	Suite 2003	Greeneville	TN	37745	(423) 636-0050
George	Kehler	II	65 Payne Road		Mosheim	TN	37818	(423) 422-2126
John	Shaw	M.D.	Recovery Associates of East Tennessee	65 Payne Road	Mosheim	TN	37818	(423) 422-2126
Robert	Locklear	M.D.	68 Railroad Street		Mosheim	TN	37818	(423) 450-0071
Kevin	Catney	M.D.	Recovery Associates	65 Payne Road	Mosheim	TN	37818	(423) 422-2126
Paul	Jett	M.D.	420 West Morris Boulevard	Suite 130	Morristown	TN	37813	(423) 586-9796
Dennis	Harris	M.D.	420 West Morris Boulevard	Suite 130	Morristown	TN	37813	(423) 587-9796
Devon	Smith	M.D.	1621 West Morris Boulevard	Suite A	Morristown	TN	37813	(423) 307-8088
Michael	Chavin	M.D.	1639 West Morris Boulevard		Morristown	TN	37814	(423) 586-0341
Daniel	Paul	M.D.	138 Industrial Drive South		Elizabethton	TN	37643	(423) 542-7007
Edgar	Perry	M.D.	401 Hudson Drive	Suite # 3	Elizabethton	TN	37643	(423) 543-2721
Scott	Caudle		1503 West Elk Avenue	Suite 1	Elizabethton	TN	37643	(423) 543-8619
Todd	Whitaker	M.D.	3614 Unicoi Drive		Unicoi	TN	37692	(423) 743-7151

Treatment Programs offering Buprenorphine Treatment

Indian Path Medical Center			2300 Pavilion Drive		Kingsport	TN	37660	(423) 857-7000
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ATTACHMENT B3 A

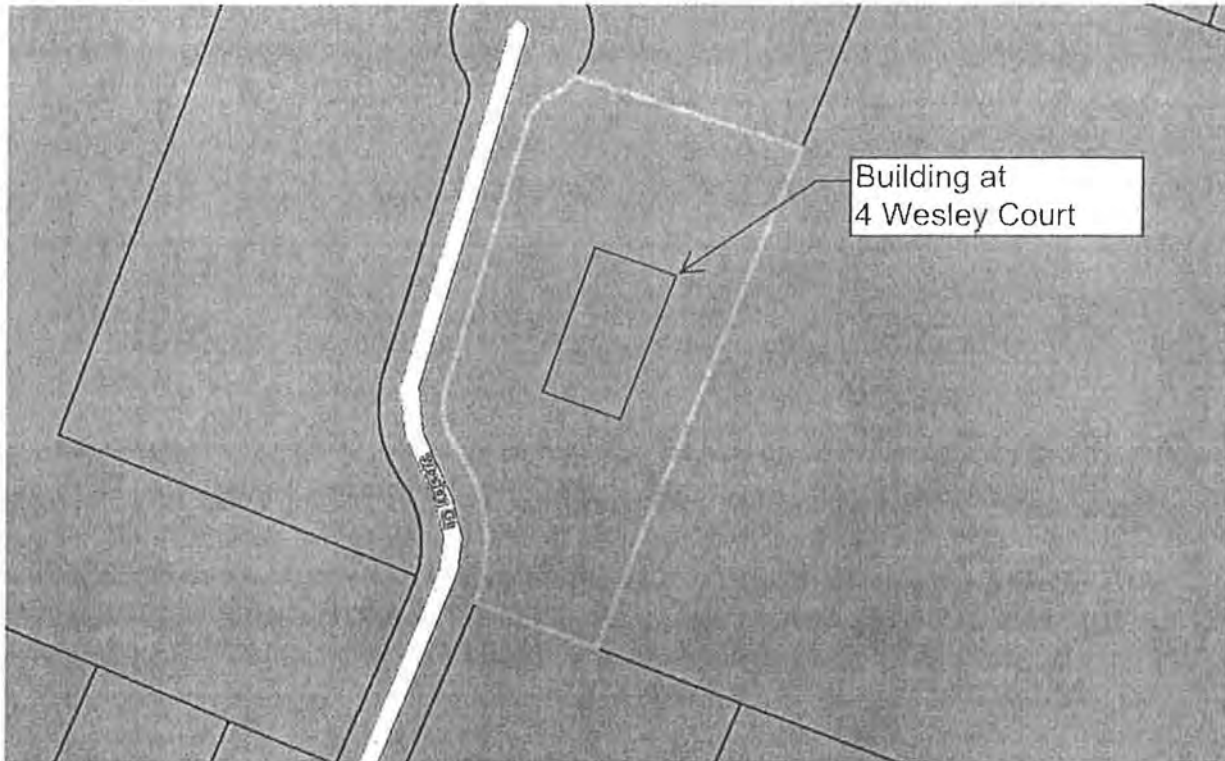
PLOT PLAN⁹¹

Washington County - Parcel: 038B B 006.00

SUPPLEMENTAL- # 1

March 25, 2013

12:15pm



Date Created: 3/18/2013

1. Parcel size: 1.66 acres
2. Building size: 8,208 square feet
3. All construction will be inside the four exterior walls of the building.
4. Names of streets, roads or highway that cross or border the site: Wesley Court

complete and ready for occupancy except for minor and incidental unpacking and assembly operations, location on jacks or other temporary or permanent foundations, connections to utilities, and the like. The following shall not be included in this definition:

- A. Travel trailers, pickup campers, motor homes, camping trailers, or other recreational vehicles.
- B. Manufactured modular housing which is designed to be set on a permanent foundation, and which meets the Standard Building Code Congress International.

MANUFACTURED HOME PARK: A parcel or tract of land under single ownership which has been planned and improved for the placement of manufactured homes for dwelling purposes; provided that all manufactured home parks existing at the time of passage of this Code not meeting the minimum requirements established in Article VI, Section 6.11, shall be considered a nonconforming use, and further provided that one manufactured home on a separate lot, shall not be considered a nonconforming manufactured home park.

MAP: The Flood Hazard Boundary Map (FHBM) or the Flood Insurance Rate Map (FIRM) for a community issued by the Agency.

MEAN SEA LEVEL: The average height of the sea for all stages of the tide. It is used as a reference for establishing various elevations within the floodplain. For purposes of the Floodplain Regulations, the term is synonymous with National Geodetic Vertical Datum (NGVD) or other datum, to which base flood elevations shown on the Flood Insurance Rate Map are referenced.

MEDICAL CLINIC: Medical services for out-patients only.

METHADONE TREATMENT CLINIC: A licensed facility for the counseling of patients and the distribution of methadone for outpatient, non-residential purposes only.

MOUNTING HEIGHT: The vertical distance between the surface to be lighted and the center of the apparent light source of a luminaire.

NATIONAL GEODETIC VERTICAL DATUM (NGVD): As corrected in 1929, is a vertical control used as a reference for establishing varying elevations within the floodplain.

6.13 - MS-1 MEDICAL SERVICES DISTRICT**6.13.1 INTENT:**

This district is intended to provide space for the harmonious development of medical facilities, services, and related support uses. The Medical Services District is intended to be protected from encroachment by land uses adverse to the location, operation, and expansion of medical use development.

6.13.2 PERMITTED USES:

Within the MS-1 Medical Services District the following uses are permitted:

- 6.13.2.1 Apothecaries, drug stores, and pharmacies;
- 6.13.2.2 Artificial limb and brace, therapeutic establishments, including the manufacturing, wholesale, and retail sales of products;
- 6.13.2.3 Banks;
- 6.13.2.4 Barber and beauty shops;
- 6.13.2.5 Bookstores including card and gift shops;
- 6.13.2.6 Churches, including parish houses;
- 6.13.2.7 Clinics;
- 6.13.2.8 Day-care centers and adult day-care centers;
- 6.13.2.9 Florist shops;
- 6.13.2.10 General office uses and office buildings, including professional and governmental;
- 6.13.2.11 Group homes, subject to the requirements of Subsection 6.8.2.3;
- 6.13.2.12 Hospitals for the treatment of human ailments, including psychiatric hospitals;
- 6.13.2.13 Laboratories - medical, dental, optical, pharmaceutical and related;
- 6.13.2.14 Medical, surgical, and dental supply businesses, both wholesale and retail;
- 6.13.2.15 Municipal, county, state or federal buildings or land uses;

- 6.13.2.16 Motels and hotels;
- 6.13.2.17 Nursing homes, rest homes, and convalescent homes;
- 6.13.2.18 Parking garages;
- 6.13.2.19 Public utility stations;
- 6.13.2.20 Residential homes for the aged, subject to the requirements of Subsection 6.6.1.5;
- 6.13.2.21 Restaurants, including drive-in services;
- 6.13.2.22 Retail sales and service establishments pertaining to any medically oriented product or service;
- 6.13.2.23 Schools;
- 6.13.2.24 Single-family residences;
- 6.13.2.25 Accessory structures and uses, provided they are located in the rear yard and set back a minimum of seven and one-half (7 ½) feet from all property lines;
- 6.13.2.26 Alternative tower structures; and
- 6.13.2.27 Heliports subject to compliance with the most recent edition of Federal Aviation Administration Circular 150/5390-2A.
- 6.13.2.28 Beer serving/sales establishments

6.13.3 USES PERMITTED BY APPROVAL AS SPECIAL EXCEPTION:

The following uses are permitted when approved by the Board of Zoning Appeals as Special Exceptions as provided by Section 15.4:

- 6.13.3.1 Mortuary establishments, provided such establishments will not cause undue traffic congestion or create a traffic hazard;
- 6.13.3.2 Gasoline service stations, provided:
 - A. Service stations' principal and accessory buildings shall not be constructed closer than forty (40) feet to any side or rear lot line nor closer than forty-five (45) feet to any street right-of-way;

- B. Gasoline pump islands shall not be located closer than thirty (30) feet to any street right-of-way line nor closer than forty (40) feet to any side or rear lot line which abuts an RO-1 or more restrictive zone but which does not abut a street right-of-way; and
- C. Canopies shall not be constructed closer than thirty (30) feet from any street right-of-way. (Since the Code states that variances may only be given when special conditions prevent the beneficial use of land, if a gasoline station may be constructed on a lot, the land has resulted in beneficial use; and, therefore, no waiver may be given permitting the canopy to extend closer than thirty (30) feet to the street right-of-way.)

6.13.3.3 Tower Structures.

6.13.3.4 Methadone Treatment Clinic provided:

- A. The facility shall be fully licensed/certified by the appropriate regulating state agency;
- B. A certificate of need shall be obtained from the appropriate state agency prior to review by the Board of Zoning Appeals;
- C. The facility shall not be located within two hundred (200) feet of a school, day-care facility, or park as measured from property line to property line;
- D. The facility shall not be located within two hundred (200) feet of any establishment that sells either on-premise or off-premise alcoholic beverages as measured from property line to property line;
- E. The hours of operation shall be between 7:00 a.m. and 8:00 p.m.; and
- F. The facility shall be located on and primary access shall be from an arterial street.

6.13.3.5 Substance Abuse Treatment Facility provided:

- A. The facility shall be fully licensed/certified by the appropriate regulating state agency, if required;

Attachment B4 – Referral Services

Service	Provider	Location	Subcontract or Referral?
Psychiatry	Grace Pointe Counseling Center: Sullivan Rodney PhD	2 Redbush Ct, Johnson City, TN 37601	Referral
Comprehensive Medical Services	Johnson City Medical Center	400 N State of Franklin Rd, Johnson City, TN 37604	Referral
Vocational Placement	Tennessee Career Center	2515 Wesley Street Johnson City, TN 37601	Referral
Educational GED Assistance	Tennessee Career Center	2515 Wesley Street Johnson City, TN 37601	Referral
Family Planning	Agape Women's Services	817 W Walnut St Ste 5A, Johnson City, TN 37604	Referral
STD Testing	Express Testing	402 Princeton Rd Suite B Johnson City, TN 37601	Referral
Financial Counseling	Greater Eastern Credit Union	2110 W Mountcastle Dr, Johnson City, TN 37604	Referral

ATTACHMENT C, NEED, 1a

2008 Tennessee Department of Mental Health

NRMTF Central Registry Data

~~108A~~

110A

TDMHDD METHADONE REGISTRY

CONSUMERS BY COUNTY OF RESIDENCE AND CLINIC 092008

Patients served 01/01/2008 through 12/31/2008

4/27/2009

	Davidson Co. Middle Tennessee Treatment	Dyer Co. Midsouth Treatment Center	Hamilton Co. Volunteer Treatment Center, Inc.	Hardin Co. Solutions of Savannah	Knox Co. DRD Knoxville Medical Clinic	Knox Co. DRD Knoxville Medical Clinic - Central	Madison Co. Jackson Professional Associates	Shelby Co. ADC Recovery and Counseling	Shelby Co. Memphis Center for Research and	Shelby Co. Raleigh Professional Associates
Anderson			72		74	81	2		1	
Bedford	4	1	5				1			
Benton	1			1			31			
Bledsoe			6							
Blount			88		62	68				
Bradley	1		95			1	1			
Campbell			66		77	78				
Cannon	1									
Carroll	1			1			24			
Carter			4		2	1				
Cheatham	75								2	
Chester				4			42		2	
Claiborne			20		31	43				
Clay	3		2			2				
Cocke			1		10	12				
Coffee	13		13				1			
Crockett		2					9		1	

108B
110B

Beginning April 2008 the Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) began collecting data regarding non-residential opioid treatment facilities (Facilities) in the State of Tennessee. This data is derived from information submitted by each Facility. TDMHDD can neither guarantee nor attest to the accuracy of any data submitted by or on behalf of the Facilities.

TDMHDD METHADONE REGISTRY
CONSUMERS BY COUNTY OF RESIDENCE AND CLINIC

Patients served 01/01/2008 through 12/31/2008

4/27/2009

	Davidson Co. Middle Tennessee Treatment	Dyer Co. MidSouth Treatment Center	Hamilton Co. Volunteer Treatment Center, Inc.	Hardin Co. Solutions of Savannah	Knox Co. DRD Knoxville Medical Clinic	Knox Co. DRD Knoxville Medical Clinic - Central	Madison Co. Jackson Professional Associates	Shelby Co. ADC Recovery and Counseling	Shelby Co. Memphis Center for Research and	Shelby Co. Raleigh Professional Associates
Cumberland	1		12			1				
Davidson	694		9			1	6			
Decatur	1			5			6			
DeKalb	19									
Dickson	31		1				2			
Dyer		87					62	3	3	1
Fayette	1	1	1				2	8	6	6
Fentress	6		6							
Franklin	1		2		2					
Gibson		2		1			25			
Giles	1									
Grainger			24		24	47				
Greene					2	8				
Grundy			2							
Hamblen			14		38	31				
Hamilton	6		382		1	4				
Hancock					17	2				
Hardeman			1	1			19	2	3	

108C
110C

Beginning April 2008 the Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) began collecting data regarding non-residential opioid treatment facilities (Facilities) in the State of Tennessee. This data is derived from information submitted by each Facility. TDMHDD can neither guarantee nor attest to the accuracy of any data submitted by or on behalf of the Facilities.

	Davidson Co. Middle Tennessee Treatment	Dyer Co. MidSouth Treatment Center	Hamilton Co. Volunteer Treatment Center, Inc.	Hardin Co. Solutions of Savannah	Knox Co. DRD Knoxville Medical Clinic	Knox Co. DRD Knoxville Medical Clinic - Central	Madison Co. Jackson Professional Associates	Shelby Co. ADC Recovery and Counseling	Shelby Co. Memphis Center for Research and	Shelby Co. Raleigh Professional Associates
Hardin				254			29	1		2
Hawkins	1		2		5	15				
Haywood							3		1	2
Henderson				5			16			
Henry	2						42			
Hickman	51			1			4		2	
Houston	1						1			
Humphreys	11						6	1		
Jackson	10		1							
Jefferson			34		47	39		1	1	
Johnson	1				1					
Knox	6		246		433	383	1		2	
Lake	1	45					55		1	
Lauderdale		3					6			4
Lawrence	3			1						
Lewis	15			1						
Lincoln	1									
Loudon	1		86		15	21				

1080
1100

Beginning April 2008 the Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) began collecting data regarding non-residential opioid treatment facilities (Facilities) in the State of Tennessee. This data is derived from information submitted by each Facility. TDMHDD can neither guarantee nor attest to the accuracy of any data submitted by or on behalf of the Facilities.

TDMHDD METHADONE REGISTRY
CONSUMERS BY COUNTY OF RESIDENCE AND CLINIC

Patients served 01/01/2008 through 12/31/2008

4/27/2009

	Davidson Co. Middle Tennessee Treatment	Dyer Co. MidSouth Treatment Center	Hamilton Co. Volunteer Treatment Center, Inc.	Hardin Co. Solutions of Savannah	Knox Co. DRD Knoxville Medical Clinic	Knox Co. DRD Knoxville Medical Clinic - Central	Madison Co. Jackson Professional Associates	Shelby Co. ADC Recovery and Counseling	Shelby Co. Memphis Center for Research and	Shelby Co. Raleigh Professional Associates
Macon	7		1							
Madison	1	3		3	1		184	1	2	2
Marion			24							
Marshall	11		1					1		
Maury	42		1			1				
McMinn			69		3					
McNairy	1			116			57	1		
Meigs			22			1				
Monroe			32		2	2				
Montgomery	22		1			1				
Morgan			21		10	11				
Obion	1	62					71			2
OUT OF ST.	164	9	236	125	28	29	44	175	287	66
Overton	18		24				1			
Perry			1	2			1			
Pickett	1		7							
Polk			11			1				
Putnam	23		24							

108E
110E

Beginning April 2008 the Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) began collecting data regarding non-residential opioid treatment facilities (Facilities) in the State of Tennessee. This data is derived from information submitted by each Facility. TDMHDD can neither guarantee nor attest to the accuracy of any data submitted by or on behalf of the Facilities.

TDMHDD METHADONE REGISTRY
CONSUMERS BY COUNTY OF RESIDENCE AND CLINIC

Patients served 01/01/2008 through 12/31/2008

4/27/2009

	Davidson Co. Middle Tennessee Treatment	Dyer Co. Midsouth Treatment Center	Hamilton Co. Volunteer Treatment Center, Inc.	Hardin Co. Solutions of Savannah	Knox Co. DRD Knoxville Medical Clinic	Knox Co. DRD Knoxville Medical Clinic - Central	Madison Co. Jackson Professional Associates	Shelby Co. ADC Recovery and Counseling	Shelby Co. Memphis Center for Research and	Shelby Co. Raleigh Professional Associates
Rhea			25							
Roane	2		121		20	10	2			
Robertson	23	1					1			
Rutherford	145			1		1	3			
Scott			7		3	7				
Sequatchie			8							
Sevier	2		50		101	83				
Shelby	4	2		2		1	6	202	388	220
Smith	28							1		
Stewart	2									
Sullivan			1		10	8				
Sumner	96		1							
Tipton		1		1			2	5	22	18
Trousdale	2									
Unicoi			1			1			1	
Union			15		27	22				
UNKNOWN	18	2	35	9	13	13	11	6	16	2
Van Buren			4							

108F
110F

Beginning April 2008 the Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) began collecting data regarding non-residential opioid treatment facilities (Facilities) in the State of Tennessee. This data is derived from information submitted by each Facility. TDMHDD can neither guarantee nor attest to the accuracy of any data submitted by or on behalf of the Facilities.

CONSUMERS BY COUNTY OF RESIDENCE AND CLINIC

Patients served 01/01/2008 through 12/31/2008

4/27/2009

	Davidson Co. Middle Tennessee Treatment	Dyer Co. Midsouth Treatment Center	Hamilton Co. Volunteer Treatment Center, Inc.	Hardin Co. Solutions of Savannah	Knox Co. DRD Knoxville Medical Clinic	Knox Co. DRD Knoxville Medical Clinic - Central	Madison Co. Jackson Professional Associates	Shelby Co. ADC Recovery and Counseling	Shelby Co. Memphis Center for Research and	Shelby Co. Raleigh Professional Associates
Warren	4		11							
Washington					4	2				
Wayne	1			11						
Weakley		1				1	14			
White	5		13							
Williamson	100	2					2			
Wilson	102		1			2				1
Total	1,789	224	1,963	545	1,063	1,035	795	408	741	326

1086
1106

Beginning April 2008 the Tennessee Department of Mental Health and Developmental Disabilities (TDMHDD) began collecting data regarding non-residential opioid treatment facilities (Facilities) in the State of Tennessee. This data is derived from information submitted by each Facility. TDMHDD can neither guarantee nor attest to the accuracy of any data submitted by or on behalf of the Facilities.



145 Enterprise Drive, Unit A
Cumming, GA 30040
678-300-6227

104
Attachment C, Economic Feasibility
(Construction Cost Estimate)

SUPPLEMENTAL- # 1

March 25, 2013

12:15pm

Budgetary Project Estimate for Tri-Cities Holdings, LLC
5 Wesley Court
Johnson City, TN

February 28, 2013

To:
Tri-City Holdings, LLC
c./o Steve Kester
6555 Sugarloaf Parkway
Duluth, GA 30097

Per your request, we have developed a budgetary estimate to renovate the property at 4 Wesley Court, Johnson City, TN.

The work to be done includes:

- Demolition of unused walls
- Build-out offices from existing walls
- Reconfigure HVAC
- Plumbing to exam room
- Add electrical and low voltage to offices
- Build 4 dosing windows
- Build payment window/check-in station
- Add 2 new offices
- Painting
- Travel and project management

All of our work will be permitted and done in conformance with local, State and Federal construction codes, standards and requirements, including the Americans With Disabilities Act. Specifically, we are aware of, and will conform to the latest American Institute of Architects Guidelines for Design and Construction of Hospitals and Health Care Facilities.



145 Enterprise Drive, Unit A
Cumming, GA 30040
678-300-6227

105

SUPPLEMENTAL- # 1

March 25, 2013
12:15pm

Total square footage affected: 8,000

Cost basis: \$15-\$20/square foot

Estimate: \$120,000 - \$160,000

This is NOT a firm quote. It is an budgetary estimate based upon similar work at comparable clinics.

Please call to schedule a detailed walk-through and firm quote.

Signed,

Robert Burke
President

Attachment C.

Economic Feasibility.10.

March 28, 2013

9:00 am

Facsimile



Maxim Group LLC
99 Sunnyside Blvd Ext.
Woodbury, NY 11797
Telephone (516) 393-8300
Facsimile (516) 364-1310
Website www.maximgrp.com

To

Steve Kester

Company

Fax No

From

404-537-3780Michael Fenton

Date

March 27, 2013No of Pages
(including cover)2

Re

Account Balance

Message:

Please see attached.Your Balances as of March 27, 2013

Name of IP: MICHAEL FENTON - (KESTER LP) - NYMEX/AMEX - Balances - Customer view (Delayed)

Key Values	As of 03/27/2013
Long Market Value ¹ :	\$788,250.41
Short Market Value:	\$0.00
Securities Owed ² :	\$0.00
Cash Mgmt Balance:	\$0.00
Cash:	\$762,888.60
Net Worth:	\$1,551,139.01
Total Annuity Value ³ :	\$0.00
Total Account Value:	\$1,551,139.01
Debit Interest Rate:	\$0.00

Funds Available/Due	As of 03/27/2013
Funds Available for Withdrawal:	\$762,888.60
Funds Available to Trade:	\$762,888.60
Day Trade Buying Power(as of Previous Day):	\$0.00
Funds Due(as of Previous Day) ⁴ :	\$0.00

¹Long Market Value does not include options, commercial paper, annuities, precious metals, alternative investments and foreign currencies.

²'Securities Owed' is as of Previous Day.

³Annuity values are as of Previous Day and may fluctuate between 4:00AM (ET) and 6:00AM (ET) while data sources make updates.

⁴'Funds Due' is calculated as of the Previous Day. The Funds Due amount does not consider amounts due for purchases, sales or other transactions executed today.

Values computed based on quote data delayed per exchange agreement. NYSE and AMEX data delayed at least 15 minutes for NYSE, AMEX, NASDAQ, OTC, OTCBB and OPRA.

This report is a service from your Investment Professional, not a substitute for your account statements and confirmations. This report is prepared as of trade data rather than settlement date and may be prepared on a different date than your statement. This report uses information from sources that Pershing believes to be reliable, but Pershing cannot guarantee the accuracy of this information or the reliability of these sources. If you find discrepancies in this report, please contact your Investment Professional.

Prepared By (PNXMMFEN) at 03/27/2013 11:34

©NetX360, All Rights Reserved.

Steve,

Please see above, your account balance
at Maxim as of March 27, 2013

- M Fenton
Mike Fenton, SUP
Maxim Group
212-895-3698

https://www2.netxpro.com/rtm/jsp/rtm/Customerview_Summary_Delayed_Print.jsp

3/27/2013

Proposed Service Area



Proposed Service Area includes the counties that are those boxed above, including Sullivan, Washington, Greene, Hamblen, Carter, Hawkins, Cocke, Unicoi and Johnson. Washington, Carter, Johnson and Unicoi counties form Methadone Service Area #1, Sullivan and Hawkins county are in MSA #2, and Green, Cocke and Hamblen counties are in MSA #3.